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ST. LOUIS, MO	.[	Gina G. Barron (Depositor's na			(Depositor's name)			
				Stray Barrey (Signey			(Signature)	
			April //, 2007				(Due)	
APPLICATION NO.	FILING DATE			FIRST NAMED INVENT	FOR ATTORNEY		RNEY DOCKET NO.	CONFIRMATION NO.
10/806,495	03/22/2004			Han Ting Chang	ILPS 04011.101			2769
TITLE OF INVENTION: CROSSLINKED AMINE POLYMERS								
APPLN. TYPE	SMALL ENTITY	TITY ISSUE FEE		PUBLICATION FEE DU		UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	S14		\$300	\$0		\$1700	06/25/2007
EXAMINER AR'			ART UNIT	CLASS-SUBCLASS				•
HARLAN, ROBERT D 1713				564-511000	_			
1. Change of correspondence address or indication of "Fee Address" (37  2. For printing on the patent front page, list  (1) the pages of up to 3 resistence patent attempts  1. Senniger Powers								
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,				
				(2) the name of a single firm (having as a member a				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Ilypsa, Inc.				Santa Clara, California				
Please check the appropriate assignee category or eategories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government								
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
Sissue Fee	small entity discount p		☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - #		,	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-1345 (enclose an extra copy of this form).					
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<ol> <li>Change in Entity State</li> <li>a. Applicant claims</li> </ol>	SMALL ENTITY status		7 CFR 1.27.	D b. Applicant is no I	onger claiming SM	ALL ENT	TITY status. Sec 37 CI	FR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requestord of the United Sta	ired) wi	Il not be accepted					ne assignce or other party in
Authorized Signature	Janet S.	Ben	did		Date 4/			
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